



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
CONTRACT FOR SUPERVISION

MISSOURI DIVISION OF PROFESSIONAL REGISTRATION
 STATE COMMITTEE FOR SOCIAL WORKERS

This contract must be submitted for approval by the Committee, in addition to the Registration of Supervision form. *Supervision will not be effective until the date it is approved by the State Committee for Social Workers*

I. INFORMATION REGARDING SUPERVISEE

TYPE OF LICENSE APPLYING FOR (PLEASE CHECK ONE)
 LCSW LBSW-IP LAMSW

APPLICANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX, MAIDEN)

DATE OF BIRTH	SOCIAL SECURITY NUMBER
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RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP CODE)

RESIDENCE TELEPHONE NUMBER	RESIDENCE E-MAIL ADDRESS
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CURRENT PLACE OF EMPLOYMENT

EMPLOYMENT ADDRESS (STREET, CITY, STATE, ZIP CODE)

EMPLOYER TELEPHONE NUMBER	EMPLOYER E-MAIL ADDRESS
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II. INFORMATION REGARDING LICENSED SUPERVISOR

SUPERVISOR'S NAME (FIRST, MIDDLE, LAST, SUFFIX, MAIDEN)

DATE OF BIRTH	SOCIAL SECURITY NUMBER
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RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP CODE)

RESIDENCE TELEPHONE NUMBER	RESIDENCE E-MAIL ADDRESS
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CURRENT PLACE OF EMPLOYMENT

EMPLOYMENT ADDRESS (STREET, CITY, STATE, ZIP CODE)

EMPLOYER TELEPHONE NUMBER	EMPLOYER E-MAIL ADDRESS
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STATE OF LICENSE (IF NOT MISSOURI, PLEASE ATTACH OFFICIAL VERIFICATION FROM ANOTHER STATE)

LICENSE NUMBER	LEVEL OF LICENSE
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ORIGINAL ISSUE DATE	EXPIRATION DATE
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HAS THIS LICENSE EVEN BEEN DISCIPLINED?
 YES NO If yes, please submit a full explanation in writing and submit all official documentation pertaining to the disciplinary and/or consent order along with this application.

It is understood that a minimum of four hours per month of face-to-face supervision is required for 24 months within a 48 month period for Social Work Licensure. Fifty percent (50%) may be group supervision. (Group supervision is no less than three and no more than 6 supervisees). You may view the full rules regarding supervision online at www.pr.mo.gov/socialworkers.asp.

METHOD OF SUPERVISION
 Group Individual Combination

PRACTICE SUPERVISED
 Clinical Casework Administrative Community Org Research
 Other (please explain): _____

IF SUPERVISION IS PROVIDED UNDER CONTRACT, THE COST OF THE SUPERVISION IS
 Free \$_____ hour Other (please explain): _____

IV. CONFIDENTIALITY (TO BE COMPLETED BY THE LICENSURE SUPERVISOR)

Check this box if the supervisor agrees to adhere to the confidentiality policies of the Supervisee's employing agency.

I understand that 3000 hours of supervised practice must be completed by the supervisee over a minimum of two years and a maximum of four years. The supervision will include a minimum of four hours face-to-face supervision every four weeks between the supervisee and the supervisor noted on this contract. I understand that I must comply with provisions as outlined in this contract and must notify the Committee of any modifications once it has been approved. Failure to do such could result in the loss of supervision hours gained. It is also understood that should my supervisor and/or setting change, a Change of Status form must be completed and approved by the Committee. I further understand that I am to remain under supervision until a license is issued and that each supervisor is required to submit an Attestation form attesting of the supervision provided.

I hereby affirm under penalties of perjury that I am the applicant named in this contract and that all statements and enclosures herein are true and accurate to the best of my knowledge.

SIGNATURE OF SUPERVISEE

DATE

I agree to supervise the supervisee named in this contract and accept full professional responsibility for the work the supervisee will be performing under my supervision. This work will be performed pursuant to my order, oversight and guidance. I understand that 3000 hours of supervised practice must be completed by the supervisee over a minimum of two years and a maximum of four years. Supervision is to include at least four hours of face-to-face supervision every four weeks. I understand that it is recommended that I keep notes and documentation of the supervision that occurs and the issues discussed. As the registered supervisor, I understand that I shall provide annual reports of progress to the committee. These will be due on the anniversary date of the initial approval for the twelfth, twenty-fourth, and thirty-sixth months of supervision. I further understand that I am expected to submit a completed Attestation form to the committee upon completion of the supervision; however, realizing that the supervisee is to remain under supervision until a license is issued. If for any reason I terminate the supervision other than the 3000 hours have been completed, I realize that I must submit the Termination of Supervision form.

I hereby affirm under penalties of perjury that I am the supervisor named in this contract and that all statements and enclosures herein are true and accurate to the best of my knowledge.

SIGNATURE OF SUPERVISOR

DATE

Check this box if you have completed the required 16 hours of supervision training.

Check this box if you have completed three hours of continuing education in supervision in your last renewal period.

You may be asked for copies of these certificates.

ATTENTION SUPERVISOR

If you would like to have your name and contact information added to a listing of qualified supervisors in Missouri, please visit the website at www.pr.mo.gov/socialworkers.asp to complete the request form. This listing will be available online and is public information.